

Documents Package Prepared for: **Foresters ezbiz – NMO**

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<b>Document Name</b>	<b>Description</b>	<b>Expiration Date</b>
770681_US	Application for Individual Life Insurance	12/31/2199
101274-US	Illustration Certification	12/31/2199
100938US	Life Insurance Buyer's Guide	1/1/2199
102129_US	Producer Certification: Sales Materials used ...	12/31/2199
104978_US	Important Notice: Replacement Of Life Insuran...	12/31/2199
100968_TX	Notice and Consent for Blood or Urine Testing...	12/31/2199
105690_US_b	1035 Exchange Form	12/31/2199

# The Independent Order of Foresters (“Foresters”)

## A Fraternal Benefit Society.

789 Don Mills Road, Toronto, ON, Canada M3C 1T9

F. 877 329 4631

U.S. Mailing Address: P.O. Box 179 Buffalo, NY 14201-0179

T. 800 828 1540 foresters.com



### Tips for Submitting a Foresters Application for Individual Life Insurance

- Money orders or cashier’s checks are NOT permitted for the payment of initial premiums.
- Premium payments CANNOT be made by the producer (unless the proposed insured is the producer or a dependent of the producer).
- Explain to your client that if a premium is returned due to non sufficient funds, the bank could attempt to re-draft within 5 business days in order to try to successfully collect the premium.
- Make sure you have the right application and forms for the state where the application is signed. Make sure you verify product rules and state availability for the applicable state.
- We may require additional information for each “Yes” answer to a question in the Lifestyle, either Medical, or a Rider section. You can speed up the Underwriting process by completing the questionnaire that is applicable to each “Yes” answer or if an applicable questionnaire is not available by providing details in the Additional Information section. Available questionnaires are listed on the Producer Report.
- Where additional space is required, use a separate sheet of paper, which must be signed and dated by the producer, Proposed Insured and Owner, if different from the Proposed Insured.
- For medically underwritten products, you are responsible for ordering requirements (refer to the Age & Amount requirements charts in the Underwriting Guide).
- Make sure all applicable questions are answered and that the answers are legible.
- When faxing, make sure pages are straight to avoid cutting off form numbers during submission.

### Checklist (The owner is the proposed insured unless the Owner section of the Application is completed.)

Proposed Insured/Owner	Payer	Producer
<ul style="list-style-type: none"> <li>✓ Initialed all corrections (do not use white out), if any, and signed the Signature section (<i>Proposed insured and Owner</i>)</li> <li>✓ Signed and dated any supplemental sheets of paper (if required) (<i>Proposed insured and Owner</i>)</li> <li>✓ Initialed the TIA Acknowledgement (if pre-conditions not met) (<i>Owner only</i>)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Signed the PAC Authorization (if applicable)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Initialed all corrections, if any, and signed the Producer Certification section</li> <li>✓ Signed and dated any supplemental sheets of paper (if required)</li> </ul>
Send to Foresters	Leave with Owner	Leave with Proposed Insured
<ul style="list-style-type: none"> <li>✓ Completed application, the Product Details page and the Producer Report page</li> </ul> If applicable: <ul style="list-style-type: none"> <li>✓ First premium</li> <li>✓ Void check</li> <li>✓ Underwriting questionnaire(s)</li> <li>✓ State and Foresters replacement/rollover/surrender/disclosure forms</li> <li>✓ Completed Contingent Owner/Other Payer Identification form</li> <li>✓ Signed Illustration or illustration certification form</li> <li>✓ Notice and Consent for Blood and Body Fluid Testing (medically underwritten products)</li> </ul>	<ul style="list-style-type: none"> <li>✓ TIA Agreement (if pre-conditions are met)</li> <li>✓ Disclosure forms (e.g. Accelerated Death Benefit Rider Disclosure)</li> <li>✓ Buyer’s Guide</li> </ul> If applicable: <ul style="list-style-type: none"> <li>✓ State and Foresters replacement/rollover/surrender forms</li> <li>✓ Signed Illustration or illustration certification form</li> </ul>	<ul style="list-style-type: none"> <li>✓ Notices</li> </ul>

### Foresters Difference

- We believe in enriching lives and building strong communities – that’s our purpose. It has defined us since 1874, and it helps us continually redefine what a financial services provider can do for you and your family.
- We believe that you deserve more than a financial services provider – you deserve a partner that will help you prosper and improve your community.
- Foresters is a fraternal benefit society and as such, some aspects of our ownership and beneficiary rules are different than other carriers. Be sure to read the rules found in the Toolbox/Underwriting Resources section of Foresters producer website before taking an application for Foresters products.

**Questions?** Go to Foresters producer website ezbiz (<https://portal.foresters.biz>)

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**Foresters**  
Financial

### Product Details (Complete and submit only if applying for term life insurance.)

#### Proposed Insured

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

#### Lifefirst Term Life

Amount of life insurance applied for on the proposed insured:

\$ \_\_\_\_\_

Term:  10 year  20 year  25 year  30 year

#### Riders (Subject to state and product availability.)

Disability income (accident and sickness): \$ \_\_\_\_\_ OR  Disability income (accident only): \$ \_\_\_\_\_

If Disability income (accident and sickness) applied for but not approved, applying for Disability income (accident only)?

Yes  No

Accidental death:

\$ \_\_\_\_\_

Children's term:

\$ \_\_\_\_\_

Critical illness (accelerated death benefit):

\$ \_\_\_\_\_

Waiver of premium

Other rider(s): \_\_\_\_\_

#### Remarks:

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There may be additional Disclosure forms required. Check the State requirements as these forms would need to be completed before the certificate can be issued.

This form is part of the Application for Individual Life Insurance.

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### Product Details (Complete and submit only if applying for SMART Universal Life insurance.)

#### Proposed Insured

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

#### SMART Universal Life

Amount of life insurance applied for on the proposed insured: \$ \_\_\_\_\_

Underwriting:  Non-medical  Medical

Planned premium: \$ \_\_\_\_\_  Monthly  Quarterly  Semi-annually  Annually

Life insurance qualification test:

Guideline Premium Test (GPT)

Cash Value Accumulation Test (CVAT)

Death benefit option:

Level

Increasing

Initial lump sum premium:

\$ \_\_\_\_\_

Source of lump sum premium:

\_\_\_\_\_

#### Riders (Subject to state and product availability.)

Accidental death:

\$ \_\_\_\_\_

Children's term:

\$ \_\_\_\_\_

Disability income (accident only):

\$ \_\_\_\_\_

Waiver of monthly deductions

Guaranteed purchase option

Other rider(s): \_\_\_\_\_

#### Complete if the proposed insured is a juvenile.

a) State amount of life insurance on primary caregiver.

\$ \_\_\_\_\_

b) Are all brothers and sisters insured for the same amount? If "No", state amount and reason in the Remarks section below.  Yes  No

c) Does the child live with the owner? If "No", provide reason in the Remarks section below.

Yes  No

#### Remarks:

\_\_\_\_\_  
\_\_\_\_\_

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Financial

### Product Details (Complete and submit only if applying for whole life insurance.)

#### Proposed Insured

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

#### Advantage Plus Whole Life

Amount of life insurance applied for on the proposed insured: \$ \_\_\_\_\_

Plan Type:  Paid-up at 100  20 Pay

Underwriting:  Non-medical  Medical

**Dividend Option:**  Paid-up additions  Paid in cash  Left on deposit  To reduce premiums

**Automatic premium loan provision elected?** ("Yes" or "No" must be indicated)  Yes  No

If "Yes", overdue premium will be paid through a loan against, and for as long as there is, available cash value, if any.

If "No", the certificate's Nonforfeiture provisions will automatically apply, if premium is overdue at the end of the Grace Period, resulting in either reduced coverage or surrender.

#### Riders (Subject to state and product availability.)

Accidental death: \$ \_\_\_\_\_  Children's term: \$ \_\_\_\_\_  Disability income (accident only): \$ \_\_\_\_\_

Guaranteed insurability Term:  10 year  20 year \$ \_\_\_\_\_  Waiver of premium

<input type="radio"/> Flexible payment paid-up additions Maximum annual payment amount: \$ _____ Planned payment amount (by mode): \$ _____ (must be the same mode as premiums for certificate)  The planned payment amount will be added to the total premium for the certificate and rider(s), if any, to determine the amount of each billing, if direct bill, or of each draft, if PAC or another automatic payment option, is elected for payment of premium.	<input type="radio"/> Single payment paid-up additions Planned payment amount: \$ _____ Payment method: <input type="radio"/> Check <input type="radio"/> PAC (planned payment amount will be added to the amount to be drafted as first premium payment).  <input type="radio"/> Transfer <input type="radio"/> Other _____ Source of payment: _____
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Other rider(s): \_\_\_\_\_

#### Complete if the proposed insured is a juvenile.

a) State amount of life insurance on primary caregiver: \$ \_\_\_\_\_

b) Are all brothers and sisters insured for the same amount? If "No", state amount and reason in the Remarks section below.  Yes  No

c) Does the child live with the owner? If "No", provide reason in the Remarks section below.  Yes  No

#### Remarks:

There may be additional Disclosure forms required. Check the State requirements as these forms would need to be completed before the certificate can be issued.

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ICC13 770684 US 03/13

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### Application for Individual Life Insurance

Proposed Insured					
First name	Middle name	Last name	<input type="radio"/> Male <input type="radio"/> Female		
Street address		City	State	Zip	
Social security #	Home phone #	Alternate phone/Cell #	Date of birth (mmm/dd/yyyy)	State & Country of birth	
U.S. citizen? <input type="radio"/> Yes <input type="radio"/> No. If "No", immigration status: <input type="radio"/> Green card holder <input type="radio"/> Permanent resident <input type="radio"/> Other (provide Visa type): _____					
Type of Photo I.D.: <input type="radio"/> Driver's license State: _____ <input type="radio"/> Passport <input type="radio"/> Other government I.D.: _____					
Photo I.D. # (used to verify identity): _____					
Occupation & duties: _____					
<input type="radio"/> Full time <input type="radio"/> Part time <input type="radio"/> Seasonal		Income (past 12 months): \$ _____	Active duty military or reserves? <input type="radio"/> Yes <input type="radio"/> No		
Foresters member? <input type="radio"/> Yes <input type="radio"/> No, applying for membership.		Email	Primary language: <input type="radio"/> English <input type="radio"/> Spanish		
Owner (Complete only if other than the proposed insured. If there is to be a contingent owner, use the Contingent Owner/Other Payer I.D. Form.)					
Full legal name of Individual (First, Middle, Last), Organization, Charity, Business or Trust				Social security # / Tax I.D. #	
Street address		City	State	Zip	
Type of Photo I.D.: <input type="radio"/> Driver's license State: _____ <input type="radio"/> Passport <input type="radio"/> Other government I.D.: _____					
Photo I.D. # (used to verify identity): _____					
Relationship to the proposed insured: _____			Email: _____		
Phone #	If Trust, name of Trustee			If Trust, date of Trust agreement	
If Individual:	<input type="radio"/> Male <input type="radio"/> Female	Date of birth (mmm/dd/yyyy)	U.S. citizen? <input type="radio"/> Yes <input type="radio"/> No. If "No", immigration status: <input type="radio"/> Green card holder <input type="radio"/> Permanent resident <input type="radio"/> Other (provide Visa type): _____		
Beneficiary (Each beneficiary below is revocable, unless "irrevocable" is written next to the name of that beneficiary.)					
			Date of birth (mmm/dd/yyyy)	Relationship to proposed insured	% Share
Primary					
Name:					Total
Address:					
Name:					must equal
Address:					
Name:					100%
Address:					
Contingent					
Name:					Total must
Address:					
Name:					equal 100%
Address:					
Financial Questions					
1. Is there an understanding or agreement, whether in writing or not, or has an offer been made to: a) Borrow or be given money, or other property, to pay for or enter into the insurance contract applied for? b) Sell, transfer or assign an insurance contract issued as a result of this Application? If "Yes" to 1a or 1b, provide details. _____					<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No

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For each “Yes” answer to a question in the Lifestyle, either Medical, a Rider or the Other Insurance section, providing details in the Additional Information section or completing the corresponding questionnaire may be required. For purposes of these questions, “you” and “your” mean the proposed insured, “diagnosed”, “tested”, “advised”, “treated”, “counseling” and “treatment” mean by a licensed physician or medical practitioner.

**Lifestyle Questions**

2. Within the past 12 months, have you used tobacco, in any form, or another nicotine product? If “Yes”, specify: <input type="radio"/> Cigarettes <input type="radio"/> Other	<input type="radio"/> Yes <input type="radio"/> No
3. Within the past 5 years, have you: a) Used marijuana (more than once a week), heroin, cocaine, a narcotic, a barbiturate, a hallucinogen or another controlled substance except as prescribed by a licensed physician or medical practitioner? b) Received or been advised to receive treatment or counseling for, or to discontinue or reduce, the use of alcohol, or a non-prescribed or prescribed drug?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
4. Do you expect, within the next 2 years, to change your country of residence or to travel outside of the United States, Canada, Caribbean Islands (excluding Haiti), Western Europe, Hong Kong, Australia or New Zealand?	<input type="radio"/> Yes <input type="radio"/> No
5. Within the past 2 years, have you: a) Flown, or do you intend within the next 2 years to fly, in an aircraft as a student pilot or licensed pilot? b) Engaged, or do you intend within the next 2 years to engage, in motor vehicle or boat racing, mountain or rock climbing, scuba diving, skydiving, ballooning, hang gliding or ultra light flying?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
6. Within the past 5 years, have you had your driver’s license suspended or revoked or been convicted of or pled guilty to more than 3 moving violations or to 1 or more driving while impaired or under the influence violations?	<input type="radio"/> Yes <input type="radio"/> No
7. a) Within the past 10 years, have you been convicted of or pled guilty to a felony? b) Are you currently on parole, incarcerated, or serving probation or within the past 12 months have you served probation?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No

**PART 1: Medical Questions**

8. Your: Height (ft/in): _____ Weight (lbs): _____	
9. a) Date you last consulted a physician: _____ Physician Name: _____ Address: _____ Phone #: _____ b) Reason(s) you last consulted a physician: _____ c) Were you advised that results of that consultation were outside normal ranges?	<input type="radio"/> Yes <input type="radio"/> No
10. Are you currently taking prescription medication or under treatment?	<input type="radio"/> Yes <input type="radio"/> No
11. Have you ever been diagnosed with Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for Human Immunodeficiency Virus (HIV)?	<input type="radio"/> Yes <input type="radio"/> No
12. Within the past 2 years, have you: a) Had or been advised to have a test (other than for HIV) such as an EKG, CT scan, bone scan, MRI scan, colonoscopy, echocardiogram, angiogram, biopsy, or endoscopy? b) Been advised to have a check up, consultation, medication, treatment, surgery, hospitalization, lab test or diagnostic test (other than for HIV) that has not yet been started or completed, or the results of which are not yet known?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
13. Do you currently: a) Reside in a nursing home or skilled nursing facility or psychiatric facility, or are you receiving or been advised to receive, skilled nursing care, hospice care, or home healthcare for a terminal condition that is expected to result in death within the next 12 months or for a chronic condition? b) Require the use of a wheelchair due to a chronic illness or disease? c) Require assistance with any of the following activities of daily living: taking medications, bathing, dressing, eating, or toileting?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
14. Within the past 3 years, have you been diagnosed with, or received treatment or medication, tested positive or been given medical advice for sleep apnea, seizures or epilepsy?	<input type="radio"/> Yes <input type="radio"/> No
15. Within the past 10 years, have you been diagnosed with, or received treatment or medication, tested positive or been given medical advice for: a) Diabetes, high blood pressure, a disease or disorder of the blood or lymphatic system, coronary artery disease, heart murmur, chest pain, irregular heartbeat, aneurysm, stroke, transient ischemic attack, congestive heart failure (CHF), a disease or disorder of the arteries or valves, peripheral vascular or arterial disease (PVD or PAD), or had a heart attack, heart surgery, heart procedure or circulatory surgery? b) Cancer (excluding skin cancer that is basal cell carcinoma), tumor, gastrointestinal bleeding, unexplained weight loss, or a disease or disorder of the pancreas or endocrine system? c) Asthma, emphysema, Chronic Obstructive Pulmonary Disease (COPD), shortness of breath, or a disease or disorder of the respiratory system or do you currently require the use of oxygen equipment? d) Dementia, Alzheimer’s disease, paralysis, multiple sclerosis, Parkinson’s disease, Lou Gehrig’s disease (ALS), muscular dystrophy, fibromyalgia, or a disease or disorder of the brain or nervous system? e) Anxiety, depression, manic depression, bi-polar disorder, schizophrenia or a mental health disorder? f) Blood in the urine, hepatitis, Crohn’s disease, Systemic Lupus, cirrhosis, or a disease or disorder of the liver, prostate, bladder, kidney, genito-urinary organs, connective tissue or the digestive or immune system (other than HIV)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No

**PART 2: Additional Medical Questions** (Complete only if applying for a medically underwritten product.)

16. Have you ever used tobacco, in any form, or another nicotine product?  Yes  No  
 If "Yes", specify: Type used: \_\_\_\_\_ Date last used: \_\_\_\_\_  
 If currently smoking, how many pack(s) per day? \_\_\_\_\_
17. Do you currently drink alcohol? If "Yes", specify: How many times per week? \_\_\_\_ How many drinks per occasion? \_\_\_\_  Yes  No
18. Within the past 5 years, have you consulted a physician other than identified in question 9, or a medical practitioner, or been treated, tested or monitored in a clinic, hospital or emergency room?  Yes  No
19. Within the past 10 years, have you been diagnosed with, or received treatment or medication, tested positive or been given medical advice for high cholesterol?  Yes  No

20. Net worth: \$ \_\_\_\_\_

21. Primary Physician Name (if different from question 9): \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

22. Do you have, alive or deceased, a parent or sibling diagnosed with or treated for, prior to age 65, diabetes, heart attack, heart disease, stroke, cancer, polycystic kidney disease, Huntington's Chorea, or Alzheimer's?  Yes  No

Details to "Yes"	Age, if living	Age, at death	Details of condition / Cause of death
Father			
Mother			
Sibling(s)			

**Disability Income / Waiver Rider Questions** (Complete only if applying for disability income or waiver coverage.)

23. a) Hours worked per week (past 6 months): \_\_\_\_\_ b) # of weeks worked (past 12 months): \_\_\_\_\_
24. Within the past 180 days, have you been unable to work at your regular job for more than 20 consecutive days or are you currently not actively at work due to an injury or sickness?  Yes  No
25. Within the past 10 years, have you been diagnosed with, or received treatment or medication, tested positive or been given medical advice for arthritis or for a disease or disorder of the back, neck or musculoskeletal system?  Yes  No

**Children's Term Rider Questions** (Complete only if applying for children's term coverage.)

Name of child (First, Middle, Last) under 18 years old (must be a child of the proposed insured)	Gender (M or F)	Date of birth (mmm/dd/yyyy)	Height (ft/in)	Weight (lbs)	Amount of coverage in force

26. Within the past 5 years, has a child listed above:
- a) Been diagnosed with, received treatment or medication for, or been placed under observation for, a disease or disorder?  Yes  No
- b) Been advised to have a check up, consultation, medication, treatment, surgery, hospitalization, lab test or diagnostic test (other than for HIV) that has not yet been started or completed, or the results of which are not yet known?  Yes  No
- If "Yes", to either question 26a or 26b, complete the chart below.

Question #	Name of child	Diagnosis, date(s), treatment, present condition	Physician's name, address and phone #

**Additional Information** (Explain all "Yes" answers where applicable.)

Include Question #, diagnosis, date first diagnosed, treatment, medications, medical facilities and physicians' name, addresses, phone #s.



**Other Insurance** (Complete required State and Foresters Replacement/Rollover/Surrender/Disclosure forms. Some states require replacement forms to be completed even if existing insurance is to be kept in force.)

27. Is there another annuity or life insurance application pending, on the life of the proposed insured, with Foresters or another insurer?  Yes  No

28. Do you currently have an annuity or life, accidental death, critical illness or disability income insurance pending or in force?  Yes  No

If "Yes", to either question 27 or 28, complete the chart below. Include existing life insurance or annuities that will be, or are in the process of being, lapsed or surrendered, and those lapsed or surrendered within the past 13 months.

Name of Insurer	Annuity/Life insurance \$	Accidental death \$	Critical illness \$	Disability income (per month) \$	Issue year or indicate if pending

29. Have you ever had an application for life, health, disability or critical illness insurance declined, rated or modified?  Yes  No  
 If "Yes", provide date: \_\_\_\_\_ and reason: \_\_\_\_\_

30. Will coverage be discontinued or reduced, or premium payments stopped, on existing life insurance coverage or an annuity, if the insurance applied for in this Application is issued (includes military group life insurance)?  Yes  No

**Payment Information and Authorization** (The planned premium quoted may change following underwriting review.)

Payer is:  Proposed insured  Owner (if other than proposed insured)  Other (Complete Contingent Owner/Other Payer I.D. Form)

Payment mode:  Monthly (not available for direct bill)  Quarterly  Semi-annually  Annually

First premium payment to be made by:  Pre-Authorized Check (PAC)  Check (payable to Foresters)  Other \_\_\_\_\_

Subsequent premium payments to be made by:  Pre-Authorized Check (PAC)  Direct Bill  Other \_\_\_\_\_

Preferred draft date:  No  Yes, draft on the \_\_\_\_\_ day (between 1<sup>st</sup> and 28<sup>th</sup>) of the month.

PAC banking information (including drafting first premium) to be taken from:

Attached void check  Check submitted with this Application  Information completed below (if no check available)

Type of account:  Checking  Savings

Name of financial institution: \_\_\_\_\_

Routing Transit #: \_\_\_\_\_ Account #: \_\_\_\_\_

**PAC Authorization**

The payer, by signing below, verifies that the payer is the account holder of the account identified in the PAC banking information section (above) and is permitted to provide this authorization, and agrees that: 1) Foresters is authorized to draft deductions, for premiums and/or other payments related to an insurance contract issued, if any, as a result of this Application, from that account or another account later identified or substituted by, or on behalf of, the payer, such as for additional coverage, loan repayment(s) or for premium deposit funds. 2) The financial institution from which deductions are to be drafted is authorized to treat each draft by Foresters as though it was made personally by the payer. 3) Foresters reserves the right to determine when the first deduction and each subsequent deduction, if any, will be made and the amount of each deduction. 4) If a deduction request is not honored when submitted to the financial institution Foresters may, at its sole discretion, do further resubmits for the deduction. 5) This authorization is effective immediately and will continue until terminated, which either the payer or Foresters may do at any time by written notice to the other.

This authorization must be signed by the bank account owner as his/her name appears on bank records for the account provided.

X \_\_\_\_\_  
 (Signature of payer)

**Conversion Notification**

Foresters can process a check provided for payment as a check transaction or instead take the information from the check to make a one-time electronic fund transfer from the account that the check relates to.

**Temporary Life Insurance Agreement (TIA) Questions & Acknowledgement**

Has the proposed insured:

1. Within the past 24 months, had either an investigation or treatment, by a physician or medical practitioner, for chest pain, heart problem, stroke, cancer or AIDS ("Investigation" does not include negative tests for HIV)?	<input type="radio"/> Yes <input type="radio"/> No
2. Within the past 4 months, been admitted or been medically advised to be admitted to a hospital or other licensed health care facility (other than for childbirth)?	<input type="radio"/> Yes <input type="radio"/> No
3. Within the past 4 months, had surgery performed or recommended, had or been medically advised to have a medical test (other than for HIV) or investigation, that has not yet been started or completed, or the results of which, are not yet known?	<input type="radio"/> Yes <input type="radio"/> No

**TIA Acknowledgement:** Were all of the pre-conditions to temporary coverage met?

No (Do not provide a check for first premium payment). The owner acknowledges that there is no temporary insurance coverage in effect, even if first premium payment is provided, authorized or collected. X \_\_\_\_\_ (Owner's initials)

Yes. I, the owner, understand that temporary coverage is subject to, and I had the opportunity to review, the Temporary Life Insurance Agreement. First premium payment, in the amount of \$ \_\_\_\_\_, is authorized, provided or collected by (select same method chosen in the Payment Information and Authorization section):

Pre-Authorized Check (PAC)     Check     Other (cannot be a transfer of funds from existing life insurance or annuity contract(s))

Although the first premium payment amount shown above is subject to change following underwriting, this amount must be at least equal to the monthly premium quoted for the insurance, including each rider, applied for in this Application.

**Secondary Addressee** (Complete only if designating another person to receive notification regarding a possible lapse in coverage.)

First name	Middle name	Last name	<input type="radio"/> Male <input type="radio"/> Female
Street address		City	State Zip

**Declarations and Agreements**

"Application" means this Application for Individual Life Insurance and includes additional forms, if any, that are part of this Application. "I/Me" means individually each person identified in this Application as either the proposed insured or the owner, and the parent/legal guardian signing this Application if the proposed insured is a juvenile.

I, as evidenced by my signature(s) in this Application, declare that: 1) I have reviewed this Application. 2) I was asked every question that applies to me and provided the answers shown, in this Application, to these questions. 3) The statements, answers, and representations contained in this Application are full, complete and true, to the best of my knowledge and belief. 4) If I am the owner and if the amount of life insurance applied for on the life of the proposed insured is at least \$20,000, I have been provided, either in paper or electronically, with the Accelerated Death Benefit Rider Disclosure.

I understand and agree that: 1) All statements made in this Application shall be representations and not warranties. 2) This Application, Foresters Instruments of Incorporation and its Constitution now in force or subsequently amended shall form part of the entire contract if an insurance contract is issued by Foresters. 3) No person is authorized to advise me that any untrue or incomplete answer or information is acceptable. 4) The answers, statements and representations contained in this Application will influence the assessment and acceptance of this Application by Foresters. 5) A material misrepresentation, or untrue declaration, or failure to disclose all material facts, may result in loss of coverage or cancellation of the insurance contract. 6) Foresters will have no liability under an insurance contract issued, if any, as a result of this Application until the date that insurance contract comes into effect, according to its terms, and then only if (a) the first premium due, for that insurance contract, is provided in full on or before the delivery date of that insurance contract and is received by Foresters from the financial institution from which it is to be collected, and (b) between the date this Application was signed and the date that insurance contract comes into effect there is no event, no diagnosed change in health, and no change in the habits or circumstances of the proposed insured, or a child if any, identified in this Application, that would require a change to an answer to a question in this Application. 7) Foresters and its subsidiaries may review, transfer and otherwise use, information provided in this Application or obtained by Foresters or its subsidiaries to assess, develop, or offer and issue to me (including post issue administration), other financial products or benefits. 8) Before issuing an insurance contract, Foresters may require and obtain information about me to validate my identity.

I further understand and agree that: 1) Changes or corrections made to this Application by Foresters, if any, are ratified by the owner if the insurance contract delivered, if any, is not returned during the cancellation period. Such changes or corrections may be made directly on this Application or by an amendment to this Application. 2) No producer, medical examiner or any other person, except Foresters Executive Secretary or successor position, has power on behalf of Foresters to make, modify, or discharge an insurance contract. 3) This Application and related documents may be completed, signed and/or submitted to Foresters by voice and/or electronic means and if completed in paper form this original Application may be destroyed after confirmation of successful transmission. 4) Foresters may contact or send messages to me, including pre-recorded and text messages and calls or messages by use of an automatic telephone dialing system, using the phone number(s), including wireless number(s), either provided in this Application or number(s) that I later provide. 5) I understand that providing an email address is optional. If I have chosen to provide an email address in this Application or choose to provide one in the future, Foresters may use that address to send messages or documents to me electronically. 6) Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

### Authorization To Obtain And Disclose Information

This authorization is for the purpose of (a) assessing insurance coverage eligibility and premium amounts, (b) adjudicating claims, (c) supporting The Independent Order of Foresters ("Foresters") business analysis and operations and (d) record keeping and future servicing by authorized persons. In this authorization, "proposed insured", "owner" and "parent/legal guardian" mean each person identified as such in this Application. "Child" means each child named, if any, and proposed for insurance, in this Application. "Authorized persons" means reinsurers, insurance agents, agencies, and Foresters subsidiaries and those performing services in relation to an application for insurance, insurance product, benefit claim or supporting Foresters business analysis and operations. As evidenced by the signature(s) in the Signature Section of this Application, the proposed insured and owner, on their behalf and on behalf of each child, or the parent/legal guardian on behalf of the proposed insured if the proposed insured is a juvenile, authorizes Foresters and authorized persons to obtain an investigative consumer report and/or information about him/her from any: physician, medical practitioner, hospital, clinic, or medical facility; employer; insurer or institution; consumer reporting agency; pharmacy, pharmacy benefits manager or other pharmacy related services organization; or MIB, Inc. ("MIB"). This includes obtaining records or other information available as to: past, current or future diagnosis, treatment and prognosis of a physical or mental condition; past, current or future drug, physical and mental health, and alcohol-related information that may be protected by federal or state laws and regulations. Information may be disclosed: between and among Foresters and authorized persons; to companies to which the proposed insured has or may apply to for insurance coverage or benefits; as required or permitted by law. The proposed insured, and owner, on their behalf and on behalf of each child, or the parent/legal guardian on behalf of the proposed insured if the proposed insured is a juvenile, authorizes Foresters and authorized persons, to make a brief report of the proposed insured's and each child's personal and/or protected health information to MIB, even if this Application is cancelled or withdrawn. Obtained or disclosed information may no longer be protected by federal privacy laws. This authorization is valid for two years from the date of this Application. This time limit complies with the time limit, if any, permitted by the applicable law in the state where the certificate is delivered or issued for delivery. A copy of this authorization shall be as valid as the original. Each person signing this authorization may at any time, by written notice to Foresters, revoke their authorization, except that reporting to MIB and action(s) begun before receipt of notice will not be affected. A Notices page has been provided to the proposed insured if this Application was signed in paper or will be sent electronically as part of the signed application package if this Application was signed electronically. It includes the MIB and Fair Credit Reporting Notices. A copy of this authorization will be provided upon request.

### Signature Section (For purposes of entire Application.)

Proposed insured's signature: **X** \_\_\_\_\_  
(If the proposed insured is not a juvenile.)

Owner's signature: **X** \_\_\_\_\_  
(If other than proposed insured.)

The owner or the proposed insured, if the proposed insured is the owner, signed in \_\_\_\_\_ on \_\_\_\_\_ .  
(State) (mmm/dd/yyyy)

Parent/Legal guardian's name (print full name): \_\_\_\_\_  
(If the proposed insured is a juvenile and the owner is not a parent/legal guardian.)

Parent/Legal guardian's signature: **X** \_\_\_\_\_

### Producer Certification

Unless specifically stated otherwise in the Producer Report, I certify each of the following:

- a) I am not aware of undisclosed information about the health, habits or lifestyle of the proposed insured or a child, identified in this Application, that might affect insurability.
- b) I asked the proposed insured, the parent/legal guardian if the proposed insured is a juvenile, and/or the owner each question as written in this Application to which an answer is shown, and recorded the answers as given to me by each person.
- c) This Application was reviewed by each person signing in the Signature Section before it was signed by that person.
- d) This Application has not been altered in any way after the proposed insured, the parent/legal guardian if the proposed insured is a juvenile, and owner signed it.
- e) I complied with applicable regulatory requirements including those relating to the solicitation and sale of life insurance to active duty members of the United States military.
- f) If applicable, I have disclosed that this Application, if completed in paper form, may be transmitted to Foresters by electronic means and that this original Application may be destroyed after confirmation of successful transmission.
- g) I have made no misrepresentation(s) about Foresters product(s) applied for in this Application. I have made no promise(s) regarding the benefit(s) or future performance of the product(s) applied for, other than as specifically written in the specific product(s) applied for in this Application.
- h) If the amount of life insurance applied for on the life of the proposed insured is at least \$20,000, the owner has been provided, either in paper or electronically, with the Accelerated Death Benefit Rider Disclosure.

Will the certificate applied for be a replacement for, or a change to, existing life insurance or an annuity?  Yes  No

Are you related to the proposed insured?  Yes  No

Did you personally meet with the proposed insured and owner and review the document(s) used to verify identity and birth date of each person?  Yes  No

Producer's name (print full name): \_\_\_\_\_ Producer #: \_\_\_\_\_

Producer's signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

(mmm/dd/yyyy)

# The Independent Order of Foresters ("Foresters")

## A Fraternal Benefit Society.

789 Don Mills Road, Toronto, ON, Canada M3C 1T9

F. 877 329 4631

U.S. Mailing Address: P.O. Box 179 Buffalo, NY 14201-0179

T. 800 828 1540

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### Temporary Life Insurance Agreement (TIA) (Complete and leave with the owner only if all pre-conditions are met.)

**Definitions** - "Application" means the Application for Individual Life Insurance to which this Agreement relates. "Foresters", "we", "our", and "us" mean The Independent Order of Foresters. "Producer" means the person who signed the Application as the producer. "Proposed Insured" and "Owner" mean the person(s) identified as such in the Application.

**Pre-Conditions to Temporary Coverage** - Subject to the terms of this Agreement, we agree to provide the temporary coverage set out in this Agreement, effective on the date the Application is signed by the owner, if each of the following pre-conditions are met: 1) The proposed insured is not, on that date, less than 15 days old or age 71 or older. 2) No more than \$1,000,000 of life insurance on the proposed insured is applied for in the Application, not including coverage or benefits, if any, to be provided by rider(s), whether applied for or not. 3) Each question in the Temporary Life Insurance Agreement (TIA) Questions section is answered "No" and each "No" answer shown is truthful and 4) No later than the date the Application is signed by the owner, first payment, at least equal to a monthly premium quoted for the insurance, including each rider, applied for in the Application, is provided or authorized by a method other than a transfer of funds from existing life insurance or annuity contract(s). If one or more of the above pre-conditions are not met, no temporary coverage takes effect even if this Agreement was left with the owner.

### Temporary Life Insurance Agreement (TIA) Questions

Has the proposed insured:	
1. Within the past 24 months, had either an investigation or treatment, by a physician or medical practitioner, for chest pain, heart problem, stroke, cancer or AIDS ("Investigation" does not include negative tests for HIV)?	<input type="radio"/> Yes <input type="radio"/> No
2. Within the past 4 months, been admitted or been medically advised to be admitted to a hospital or other licensed health care facility (other than for childbirth)?	<input type="radio"/> Yes <input type="radio"/> No
3. Within the past 4 months, had surgery performed or recommended, had or been medically advised to have a medical test (other than for HIV) or investigation, that has not yet been started or completed, or the results of which are not yet known?	<input type="radio"/> Yes <input type="radio"/> No

**Amount of Temporary Coverage** - Subject to the terms of this Agreement, if each of the above pre-conditions is met and the proposed insured dies while this Agreement is in effect, Foresters shall pay in total, to the beneficiary(ies), as shown in the Application, under this and all other Foresters temporary life insurance agreement(s) insuring the life of the proposed insured, the lesser of a) \$500,000; and, b) the amount of life insurance coverage applied for in the Application on the deceased proposed insured, not including coverage or benefits, if any, to be provided by rider(s), whether applied for or not. No temporary coverage is provided under this Agreement for coverage or benefits, whether applied for or not, that are to be provided under a rider. If we pay under this Agreement then we will retain, if collected, or deduct from the amount payable, if not collected, an amount equal to the minimum first payment amount described in the 4th pre-condition. If we do not pay under this Agreement then the first payment amount, if collected, will be (a) applied as first premium to the certificate issued, if any, as a result of the Application, or (b) refunded, without interest, if no such certificate is issued.

**Termination of Temporary Coverage** - Subject to the terms of this Agreement, if temporary coverage takes effect under this Agreement, temporary coverage will terminate, and shall be of no further force or effect, on the earliest of the following: 1) Ninety (90) days from the date shown in the Application as the date that the Application was signed by the owner. That date shall be the first day for purposes of calculating this ninety (90) day period. 2) The date an approved Foresters certificate comes into effect as described in that certificate, if a certificate is issued in response to the Application. 3) The issue date, as shown in our records, for an approved Foresters certificate issued in response to the Application if that certificate either does not meet the conditions to come into effect, as described in that certificate, or is rescinded. 4) The date we offer, as shown in our records, the owner a Foresters certificate in response to, but not as applied for in, the Application. 5) The date a written or oral request to cancel or withdraw the Application or terminate this Agreement is made by or on behalf of the proposed insured or the owner. 6) The date written notice is sent by us, as shown in our records, to the owner, terminating this Agreement, cancelling or declining the Application.

**Special Limitations** - This Agreement shall be void if the first payment, regardless of method, is not honored when presented for payment. Fraud, material misrepresentation or non-disclosure in the Application will void this Agreement and limit our liability to a refund of payment(s) made to us. If the proposed insured dies by suicide, whether sane or insane, our liability under this Agreement is limited to a refund of the payment(s) made to us.

**Entire Agreement and Governing Law** - This Agreement contains the entire terms regarding temporary coverage. No one, including the producer, is authorized to waive, modify or change in writing, orally, or otherwise the terms of this Agreement or to promise or represent the terms of this Agreement other than as expressly written in this Agreement. This Agreement shall be governed by and subject to the laws of the State in which this Agreement was delivered to the owner.

**Acknowledgement** - I, the proposed insured and owner, if other than the proposed insured, by signing in the Signature Section of the Application, acknowledge and agree that I have reviewed, understand and accept the terms of this Temporary Life Insurance Agreement.

Countersigned,



Anthony M. Garcia, President & Chief Executive Officer

Foresters™ is the trade name and a trademark of The Independent Order of Foresters ("Foresters").

## **Accelerated Death Benefit Rider Disclosure (This disclosure must be given to the owner.)**

The insurance contract you are applying for may include one of the following accelerated death benefit riders: Accelerated Death Benefit Rider (for Chronic, Critical and Terminal Illness); Accelerated Death Benefit Rider (for Critical and Terminal Illness); or Accelerated Death Benefit Rider (for Terminal Illness). You should review the insurance contract issued, if any, to determine which one of these riders, if any, it includes. This disclosure provides only a brief description of the accelerated death benefit rider (“rider”) that may be included in the insurance contract; it is not the rider and only the provisions of the rider, and the certificate that the rider is attached to, will control. A full description can be found within the certificate and rider issued, if any, therefore it is important that you read the certificate and rider carefully.

### **Benefit Description**

The rider provides the opportunity for the owner to accelerate a portion of the certificate’s eligible death benefit (“acceleration amount”), during the lifetime of the insured, and receive an accelerated death benefit payment (“payment”). Under the conditions described in the rider the owner may elect to receive a payment if the insured is diagnosed, by a physician, with a chronic, critical or terminal illness, as applicable under that rider. The payment is paid to the owner and not to the beneficiary(ies). The rider is not, and is not intended to be, long-term care insurance.

There is no required premium or monthly rider deduction, as applicable, for the rider. However, a payment may have deductions and other effects, as referred to in this disclosure.

Chronic illness means the insured:

- a) Is unable to perform, without substantial assistance from another person, at least two of the activities of daily living (bathing, continence, dressing, eating, toileting or transferring) for a period of at least 90 days, due to a loss of functional capacity; or
- b) Requires substantial supervision by another person to protect the insured from threats to health and safety due to the insured’s severe cognitive impairment.

The chronic illness must be diagnosed by a physician as permanent.

Critical illness means the insured has one or more of the following, as defined in the rider: Advanced Alzheimer’s Disease (before the insured’s 75<sup>th</sup> birthday), Amyotrophic Lateral Sclerosis (ALS), End Stage Renal Failure (Kidney Failure), Life Threatening (Invasive) Cancer, Major Organ Failure, Myocardial Infarction (Heart Attack) or Stroke.

Terminal illness means the insured has a non-correctable illness or physical condition which is reasonably expected to result in death within 12 months of diagnosis.

### **Amount of the Accelerated Death Benefit Payment**

The accelerated death benefit payment may be less than the acceleration amount as we may deduct from the acceleration amount: an actuarial discount amount, determined by us; an administrative fee; the sum of the unpaid total premium or overdue monthly deductions, as applicable; and a loan repayment amount, if there is an outstanding loan.

For terminal illness: The actuarial discount amount and administrative fee will both be \$0.00. This means that the payment will only be less than the acceleration amount if, on the effective date of the payment, there are unpaid total premiums, overdue monthly deductions or an outstanding loan amount.

For chronic and critical illness: The administrative fee will be no more than \$500.00. The actuarial discount amount will be determined by us based upon a number of factors, such as the insured’s age and life expectancy on the effective date of the payment, and will take into account the present value of future anticipated premiums or monthly deductions, as applicable. This means that the payment will be less, and depending on the individual circumstances of the claim could be substantially less, than the acceleration amount.

Each acceleration amount must be at least \$4,500.00 and must be such that after acceleration a residual face amount of at least \$10,000.00 remains. The total of all acceleration amounts cannot exceed the lesser of 95% of the eligible death benefit on the effective date of the first payment and \$500,000.00. For chronic illness the maximum amount that can be accelerated in any 12 month period is 24% of the eligible death benefit on the effective date of the first payment due to a chronic illness. For critical and terminal illness, the maximum amount that can be accelerated is 95% of the eligible death benefit on the effective date of the payment.

### Effect of Payment on the Certificate

An accelerated death benefit payment will not end the certificate, however it will reduce the face amount and the amount, if any, of the paid-up additional insurance, account value or cash value, and loan amount on a pro-rata basis, based upon the acceleration amount. That payment will reduce the death benefit payable, if any, to the beneficiary(ies). The reduction to the face amount for chronic and critical illness will be more, and for terminal illness may be more, than the amount of the payment. Premiums or monthly deductions due, and dividends credited, after the effective date of the payment, will be adjusted based upon the reduced face amount. The adjusted premiums or monthly deductions, if any, will be as if the certificate had been issued at the reduced face amount.

The following example is hypothetical and is intended only to show the relationship between certificate values before and after payment of an accelerated death benefit. The example is based upon a whole life insurance certificate where an acceleration amount of 50% of the eligible death benefit has been approved.

	<b>Before Acceleration</b>	<b>After Acceleration</b>
Face Amount:	\$100,000.00	\$50,000.00
Amount of Paid-up Additional Insurance:	\$ 20,000.00	\$10,000.00
Eligible Death Benefit:	\$120,000.00	\$60,000.00
Cash Value:	\$30,000.00	\$15,000.00
Cash Value of Paid-up Additional Insurance:	\$10,000.00	\$ 5,000.00
Loan Amount:	\$ 8,000.00	\$ 4,000.00
Cash Surrender Value:	\$32,000.00	\$16,000.00
Annual Premium	\$ 1,272.00	\$ 672.00

### Effect of Payment on Taxation and Eligibility for Public Assistance

Receipt of an accelerated death benefit payment under the rider is intended to qualify for favorable tax treatment under the Internal Revenue Code. However, depending on individual circumstances or changes to that code, receipt of an accelerated death benefit payment may be a taxable event. You should consult with a qualified tax advisor in order to assess the tax impact of receiving an accelerated death benefit payment.

Receipt of an accelerated death benefit payment may affect your, your spouse's or your family's eligibility for public assistance such as Medicaid, supplemental social security income or other government benefits or entitlements. You should consult each applicable government agency before receiving an accelerated death benefit payment so that you can assess the impact on eligibility for such assistance.

# The Independent Order of Foresters ("Foresters")

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### Notices (This page must be given to the proposed insured.)

For purposes of this Notice the following words and phrases are defined: "Application" means the Application for Individual Life Insurance to which this Notice relates; "Foresters", "we", "our", and "us" mean The Independent Order of Foresters; "Authorized persons" means reinsurers, insurance agents, agencies, and Foresters subsidiaries and those performing services in relation to an application for insurance, insurance product, benefit claim or supporting Foresters business analysis and operations; "Producer" means the licensed individual who signed the Application as the producer; "You" and "Your" mean individually the proposed insured, and each child, if any, identified in the Application. If you have questions regarding your application, discuss them with your producer or contact us directly at 1-800-828-1540. If you have questions regarding privacy contact Foresters Chief Privacy Officer or regarding underwriting or MIB, Inc. contact Foresters Chief Underwriter. You can write to either at 789 Don Mills Road Toronto, Canada M3C 1T9, or to our U.S. Mailing Address at P.O. Box 179 Buffalo, NY 14201-0179.

**Privacy** - Personal information we obtain about you is confidential. As permitted by privacy laws, information may be disclosed, without further authorization, between and among Foresters and authorized persons, to consumer reporting agencies hired to prepare consumer reports or consumer investigative reports, to companies to which you have applied for insurance coverage or benefits, and to those conducting bona fide actuarial, marketing or scientific studies or audits and the respective employees, agents, contractors and consultants of each of the aforementioned. We may also disclose information to your physician and MIB, Inc. ("MIB"). You can make a request to review personal information about you in our file. However, we will not disclose information to you that was prepared for an anticipated claim, civil or criminal proceeding. You may request correction of information which you believe to be inaccurate or irrelevant. Upon request, we will provide more information about these procedures.

**Medical and Personal Information** - The Underwriting process evaluates information about you to see if you qualify for the requested insurance. Answers in the Application are our principal source of information. We may contact other sources, such as a doctor, clinic, hospital, other insurers, or a lending institution. In some cases, we may ask an independent agency to prepare a consumer report or an investigative consumer report about you. These reports may include information on your character and general reputation. They may also include personal characteristics, such as health, prescription history, finances, job and mode of living. The federal Fair Credit Reporting Act gives you the right to make a written request, within a reasonable period of time, to receive additional information from Foresters about the nature and scope of an investigation. We will provide the contact information of any agency we ask to prepare such a report. You may contact the agency to learn about the contents or request a copy of the report. You may request a personal interview with the agency and they will make a reasonable attempt to talk to you. It will include that information in its report. If we order a report, it may include information obtained through interviews with your neighbors, friends or others you know. No adverse underwriting decision will be made based upon an individual's implied or confirmed sexual orientation or an individual's concern about or consultation for AIDS information.

**MIB, Inc.** - Information regarding your insurability will be treated as confidential. Foresters or authorized persons may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

## Producer Report

### Proposed Insured

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

Producer's name	Producer #	% of split

- Indicate the anticipated rating class: \_\_\_\_\_  
If underwriting approval is for a rating class other than as anticipated, Foresters will contact you and, if we do not receive direction otherwise, the certificate will be issued to maintain face amount.
- Should the certificate's issue date be adjusted to save the insurance age?  
If "Yes", additional premium may be required.  Yes  No
- Is the proposed insured you, your spouse/partner or your child/stepchild?  Yes  No
- In the Application, are you the owner, payer or beneficiary?  Yes  No
- Have you submitted an additional application to Foresters on a family member of the proposed insured or owner (if other than the proposed insured)?  
If "Yes", list the name(s) in the Producer Comments section below.  Yes  No
- Was a copy of the Buyer's Guide provided to the owner at the time of sale?  Yes  No
- Indicate in the chart below if age & amount requirements were ordered (only if applying for a medically underwritten product).

Age & Amount Requirements	Vendor	Date ordered
Vitals, paramed or medical (with or without lab tests)		

### Producer Comments (Can be used to provide additional information relevant to the Application and must be completed if needed to qualify statements in the Producer Certification section.)


We may require additional information for each "Yes" answer to a question in the Lifestyle, either Medical, or a Rider section. You can help speed up the Underwriting process by completing the questionnaire, from the list below, that is applicable to each "Yes" answer or if an applicable questionnaire is not available by providing details in the Additional Information section. Please refer to the Underwriting Guide for a list of all available questionnaires.

Alcohol Usage	Chest Pain	Cyst, Lump or Tumor
Diabetes	Drug and Substance Usage	Mental Health





**The Independent Order of Foresters ("Foresters")**

**Illustration Certification**

This certification is to be used if an illustration conforming to the insurance product as applied for in the application was NOT provided to the prospective owner at the time of application. If an illustration conforming to the insurance product as applied for in the application was provided to the prospective owner, a signed copy of that illustration must be submitted with the application and this form should not be completed.

**Proposed Insured's Name:** \_\_\_\_\_ **Plan Applied For:** \_\_\_\_\_

**Prospective Owner's Name:** \_\_\_\_\_ **Producer's Name:** \_\_\_\_\_  
 (if other than proposed insured)

**Producer's Certification** (Check the one box that applies.)

No illustration was used in the sale of the insurance product applied for in the application and no illustration was provided to the prospective owner. An illustration conforming to the insurance contract issued, if any, will be provided to the owner no later than at the time of delivery of the insurance contract.

An illustration that does not conform to the insurance product applied for in the application was used in the sale of that insurance product. An illustration conforming to the insurance contract issued, if any, will be provided to the owner no later than at the time of delivery of the insurance contract.

A computer screen illustration, which complies with state requirements, was displayed to the prospective owner in the sale of the insurance product applied for in the application. The illustration was based upon the following information:

<b>Plan Applied For:</b>		<b>Face Amount: \$</b>	
<b>Premium Amount: \$</b>		<b>Premium Mode:</b> <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-annually <input type="radio"/> Annually	
<b>Sex:</b> <input type="radio"/> Male <input type="radio"/> Female	<b>Issue Age:</b>	<b>Insurance Class:</b> <input type="radio"/> Tobacco <input type="radio"/> Non-Tobacco	
<b>Dividend Option:</b> <input type="radio"/> Paid-up additions <input type="radio"/> Paid in cash <input type="radio"/> Left on deposit <input type="radio"/> To reduce premiums			
<b>Rider(s) (name and benefit amount):</b>			

**Universal Life Only**

<b>Death Benefit:</b> <input type="radio"/> Level <input type="radio"/> Increasing	<b>Guaranteed Interest Rate:</b> %	<b>Current Interest Rate (Non-Guaranteed):</b> %
<b>Life Insurance Qualification Test:</b> <input type="radio"/> Guideline Premium Test (GPT) <input type="radio"/> Cash Value Accumulation Test (CVAT)		

A copy of the computer screen illustration was NOT provided to the prospective owner. An illustration conforming to the insurance contract issued, if any, will be provided to the owner no later than at the time of delivery of the insurance contract.

\_\_\_\_\_  
 Producer's Signature

\_\_\_\_\_  
 Date (mmm/dd/yyyy)

**Prospective Owner's Certification**

I acknowledge that I have not been provided with a copy of an illustration conforming to the insurance product applied for in the application. I understand that an illustration conforming to the insurance contract, if any, issued as a result of the application will be provided to me no later than at the time of delivery of the insurance contract.

\_\_\_\_\_  
 Prospective Owner's Signature

\_\_\_\_\_  
 Date (mmm/dd/yyyy)

**Two copies of this form should be completed and signed. One copy should be left with the prospective owner and one copy returned to Foresters.**



**The Independent Order of Foresters ("Foresters")**

**Illustration Certification**

This certification is to be used if an illustration conforming to the insurance product as applied for in the application was NOT provided to the prospective owner at the time of application. If an illustration conforming to the insurance product as applied for in the application was provided to the prospective owner, a signed copy of that illustration must be submitted with the application and this form should not be completed.

**Proposed Insured's Name:** \_\_\_\_\_ **Plan Applied For:** \_\_\_\_\_

**Prospective Owner's Name:** \_\_\_\_\_ **Producer's Name:** \_\_\_\_\_  
(if other than proposed insured)

**Producer's Certification** *(Check the one box that applies.)*

No illustration was used in the sale of the insurance product applied for in the application and no illustration was provided to the prospective owner. An illustration conforming to the insurance contract issued, if any, will be provided to the owner no later than at the time of delivery of the insurance contract.

An illustration that does not conform to the insurance product applied for in the application was used in the sale of that insurance product. An illustration conforming to the insurance contract issued, if any, will be provided to the owner no later than at the time of delivery of the insurance contract.

A computer screen illustration, which complies with state requirements, was displayed to the prospective owner in the sale of the insurance product applied for in the application. The illustration was based upon the following information:

<b>Plan Applied For:</b>		<b>Face Amount: \$</b>	
<b>Premium Amount: \$</b>		<b>Premium Mode:</b> <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-annually <input type="radio"/> Annually	
<b>Sex:</b> <input type="radio"/> Male <input type="radio"/> Female	<b>Issue Age:</b>	<b>Insurance Class:</b> <input type="radio"/> Tobacco <input type="radio"/> Non-Tobacco	
<b>Dividend Option:</b> <input type="radio"/> Paid-up additions <input type="radio"/> Paid in cash <input type="radio"/> Left on deposit <input type="radio"/> To reduce premiums			
<b>Rider(s) (name and benefit amount):</b>			

**Universal Life Only**

<b>Death Benefit:</b> <input type="radio"/> Level <input type="radio"/> Increasing	<b>Guaranteed Interest Rate:</b> %	<b>Current Interest Rate</b> (Non-Guaranteed): %
<b>Life Insurance Qualification Test:</b> <input type="radio"/> Guideline Premium Test (GPT) <input type="radio"/> Cash Value Accumulation Test (CVAT)		

A copy of the computer screen illustration was NOT provided to the prospective owner. An illustration conforming to the insurance contract issued, if any, will be provided to the owner no later than at the time of delivery of the insurance contract.

\_\_\_\_\_  
 Producer's Signature

\_\_\_\_\_  
 Date (mmm/dd/yyyy)

**Prospective Owner's Certification**

I acknowledge that I have not been provided with a copy of an illustration conforming to the insurance product applied for in the application. I understand that an illustration conforming to the insurance contract, if any, issued as a result of the application will be provided to me no later than at the time of delivery of the insurance contract.

\_\_\_\_\_  
 Prospective Owner's Signature

\_\_\_\_\_  
 Date (mmm/dd/yyyy)

**Two copies of this form should be completed and signed. One copy should be left with the prospective owner and one copy returned to Foresters.**



## Life Insurance Buyer's Guide

This guide must be used in the following states:

AK, AL, AR, CA, CO, DC, HI, ID, KS, LA, MA, MD, ME\*, MI, MN, MS, NE, NM, OK, PA, RI, SC, TX, UT, VA, WI, WV & WY

Note:

- The following states require Addendum 105363 US is included with this guide:  
DE, FL, IA, NC, ND, NV, NY, OH, SD & WA
- \* ME requires guide 100938 US for illustrated products and 105361 ME for non-illustrated products

*Prepared by the National Association of Insurance Commissioners*

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various Insurance Departments to coordinate insurance laws for the benefit of all consumers.

THIS GUIDE DOES NOT ENDORSE ANY COMPANY OR POLICY.

**This guide can help you when you shop for life insurance. It discusses how to:**

- Find a Policy that meets your needs and fits your budget
- Decide how much insurance you need
- Make informed decisions when you buy a policy

## **IMPORTANT THINGS TO CONSIDER**

1. Review your own insurance needs and circumstances. Choose the kind of policy that has benefits that most closely fit your needs. Ask an agent or company to help you.
2. Be sure that you can handle premium payments. Can you afford the initial premium? If the premium increases later and you still need insurance, can you still afford it?
3. Don't sign an insurance application until you review it carefully to be sure all the answers are complete and accurate.
4. Don't buy life insurance unless you intend to stick with your plan. It may be very costly if you quit during the early years of the policy.
5. Don't drop one policy and buy another without a thorough study of the new policy and the one you have now. Replacing your insurance may be costly.
6. Read your policy carefully. Ask your agent or company about anything that is not clear to you.
7. Review your life insurance program with your agent or company every few years to keep up with changes in your income and your needs.

## **BUYING LIFE INSURANCE**

When you buy life insurance, you want a policy which fits your needs.

First, decide how much you need – and for how long – and what you can afford to pay. Keep in mind the major reason you buy life insurance is to cover the financial effects of unexpected or untimely death. Life insurance also can be one of many ways you plan for the future.

Next, learn what kinds of policies will meet your needs and pick the one that best suits you.

Then choose the combination of policy premium and benefits that emphasizes protection in case of early death, or benefits in case of long life, or a combination of both.

It makes good sense to ask a life insurance agent or company to help you. An agent can help you review your insurance needs and give you information about the available policies. If one kind of policy doesn't seem to fit your needs, ask about others.

This guide provides only basic information. You can get more facts from a life insurance agent or company or from your public library.

## **WHAT ABOUT THE POLICY YOU HAVE NOW?**

If you are thinking about dropping a life insurance policy, here are some things you should consider:

- If you decide to replace your policy, don't cancel your old policy until you have received the new one. You then have a minimum period to review your new policy and decide if it is what you wanted.
- It may be costly to replace a policy. Much of what you paid in the early years of the policy you have now, paid for the company's cost of selling and issuing the policy. You may pay this type of cost again if you buy a new policy.
- Ask your tax advisor if dropping your policy could affect your income taxes.
- If you are older or your health has changed, premiums for the new policy will often be higher. You will not be able to buy a new policy if you are not insurable.
- You may have valuable rights and benefits in the policy you now have that are not in the new one.
- If the policy you have now no longer meets your needs, you may not have to replace it. You might be able to change your policy or add to it to get the coverage or benefits you now want.
- At least in the beginning, a policy may pay no benefits for some causes of death covered in the policy you have now.

In all cases, if you are thinking of buying a new policy, check with the agent or company that issued you the one you have now. When you bought your old policy, you may have seen an illustration of the benefits of your policy. Before replacing your policy, ask your agent or company for an updated illustration. Check to see how the policy has performed and what you might expect in the future, based on the amounts the company is paying now.

## **HOW MUCH DO YOU NEED?**

Here are some questions to ask yourself:

- How much of the family income do I provide? If I were to die early, how would my survivors, especially my children, get by? Does anyone else depend on me financially, such as a parent, grandparent, brother or sister?
- Do I have children for whom I'd like to set aside money to finish their education in the event of my death?
- How will my family pay final expenses and repay debts after my death?

- Do I have family members or organizations to whom I would like to leave money?
- Will there be estate taxes to pay after my death?
- How will inflation affect future needs?

As you figure out what you have to meet these needs, count the life insurance you have now, including any group insurance where you work or veteran's insurance. Don't forget Social Security and pension plan survivor's benefits. Add other assets you have: savings, investments, real estate and personal property. Which assets would your family sell or cash in to pay expenses after your death?

## WHAT IS THE RIGHT KIND OF LIFE INSURANCE?

All policies are not the same. Some give coverage for your lifetime and others cover you for a specific number of years. Some build up **cash values** and others do not. Some policies combine different kinds of insurance, and others let you change from one kind of insurance to another. Some policies may offer other benefits while you are still living. Your choice should be based on your needs and what you can afford.

There are two basic types of life insurance: term insurance and cash value insurance. Term insurance generally has lower premiums in the early years, but does not build up cash values that you can use in the future. You may combine cash value life insurance with term insurance for the period of your greatest need for life insurance to replace income.

**Term Insurance** covers you for a term of one or more years. It pays a death benefit only if you die in that term. Term insurance generally offers the largest insurance protection for your premium dollar. It generally does not build up cash values.

You can renew most term insurance policies for one or more terms even if your health has changed. Each time you renew the policy for a new term, premiums may be higher. Ask what the premiums will be if you continue to renew the policy. Also ask if you will lose the right to renew the policy at some age. For a higher premium, some companies will give you the right to keep the policy in force for a guaranteed period at the same price each year. At the end of that time you may need to pass a physical examination to continue coverage, and premiums may increase.

You may be able to trade many term insurance policies for a cash value policy during a conversion period – even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

**Cash Value Life Insurance** is a type of insurance where the premiums charged are higher at the beginning than they would be for the same amount of term insurance. The part of the premium that is not used for the cost of insurance is invested by the company and builds up a cash value that may be used in a variety of ways. You may borrow against a policy's cash value by taking a policy loan. If you don't pay back the loan and the interest on it, the amount you owe will be subtracted from the benefits when you die, or from the cash value if you stop paying premiums and take out the remaining cash value. You can also use your cash value to keep insurance protection for a limited time or to buy a reduced amount without having to pay more

premiums. You also can use the cash value to increase your income in retirement or to help pay for needs such as a child's tuition without canceling the policy. However, to build up this cash value, you must pay higher premiums in the earlier years of the policy. Cash value life insurance may be one of several types; whole life, universal life and variable life are all types of cash value insurance.

**Whole life insurance** covers you for as long as you live if your premiums are paid. You generally pay the same amount in premiums for as long as you live. When you first take out the policy, premiums can be several times higher than you would pay initially for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term policy until your later years.

Some whole life policies let you pay premiums for a shorter period such as 20 years, or until age 65. Premiums for these policies are higher since the premium payments are made during a shorter period.

**Universal Life Insurance** is a kind of flexible policy that lets you vary your premium payments. You can also adjust the face amount of your coverage. Increases may require proof that you qualify for the new death benefit. The premiums you pay (less expense charges) go into a policy account that earns interest. Charges are deducted from the account. If your yearly premium payment plus the interest your account earns is less than the charges, your account value will become lower. If it keeps dropping, eventually your coverage will end. To prevent that, you may need to start making premium payments, or increase your premium payments, or lower your death benefits. Even if there is enough in your account to pay the premiums, continuing to pay premiums yourself means that you build up more cash value.

**Variable Life Insurance** is a kind of insurance where the death benefits and cash values depend on the investment performance of one or more separate accounts, which may be invested in mutual funds or other investments allowed under the policy. Be sure to get the prospectus from the company when buying this kind of policy and **STUDY IT CAREFULLY**. You will have higher death benefits and cash value if the underlying investments do well. Your benefits and cash value will be lower or may disappear if the investments you chose didn't do as well as you expected. You may pay an extra premium for a guaranteed death benefit.

## **LIFE INSURANCE ILLUSTRATIONS**

You may be thinking of buying a policy where cash values, death benefits, dividends or premiums may vary based on events or situations the company does not guarantee (such as interest rates). If so, you may get an illustration from the agent or company that helps explain how the policy works. The illustration will show how the benefits that are not guaranteed will change as interest rates and other factors change. The illustration will show you what the company guarantees. It will also show you what could happen in the future. Remember that nobody knows what will happen in the future. You should be ready to adjust your financial plans if the cash value doesn't increase as quickly as shown in the illustration. You will be asked to sign a statement that says you understand that some of the numbers in the illustration are not guaranteed.



## FINDING A GOOD VALUE IN LIFE INSURANCE

After you have decided which kind of life insurance is best for you, compare similar policies from different companies to find which one is likely to give you the best value for your money. A simple comparison of the premiums is not enough. There are other things to consider.

For example:

- Do premiums or benefits vary from year to year?
- How much do the benefits build up in the policy?
- What part of the premiums or benefits is not guaranteed?
- What is the effect of interest on money paid and received at different times on the policy?

Once you have decided which type of policy to buy, you can use a cost comparison index to help you compare similar policies. Life insurance agents or companies can give you information about several different kinds of indexes that each work a little differently. One type helps you compare the costs between two policies if you give up the policy and take out the cash value. Another helps you compare your costs if you don't give up your policy before its coverage ends. Some help you decide what kind of questions to ask the agent about the numbers used in an illustration. Each index is useful in some ways, but they all have shortcomings. Ask your agent which will be most helpful to you. Regardless of which index you use, compare index numbers only for similar policies – those that offer basically the same benefits, with premiums payable for the same length of time.

Remember that no one company offers the lowest cost at all ages for all kinds and amounts of insurance. You should also consider other factors:

- How quickly does the cash value grow? Some policies have low cash values in the early years that build quickly later on. Other policies have a more level cash value build-up. A year-by-year display of values and benefits can be very helpful. (The agent or company will give you a policy summary or an illustration that will show benefits and premiums for selected years.)
- Are there special policy features that particularly suit your needs?
- How are non-guaranteed values calculated? For example, interest rates are important in determining policy returns. In some companies increases reflect the average interest earnings on all of that company's policies regardless of when issued. In others, the return for policies issued in a recent year, or a group of years reflects the interest earnings on that group of policies; in this case, amounts paid are likely to change more rapidly when interest rates change.



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789 Don Mills Road  
Toronto, Canada M3C 1T9

U.S. Mailing Address:  
PO Box 179  
Buffalo, NY 14201-0179

[www.foresters.com](http://www.foresters.com)  
T. 800 828 1540

## Life Insurance and Annuity Replacement Certification of Sales Material Used in Connection with Application

(Insert Serial Number)

In connection with a replacement transaction, certain State life insurance and annuity replacement regulations require that all sales materials be left with the applicant.

List by form number, all product sales materials (*print or electronic*)<sup>1</sup> presented to the applicant in connection with the above-referenced application:

<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
-------------------------	-------------------------	-------------------------

I certify that:

- a) Only The Independent Order of Foresters (Foresters™), approved sales materials referenced above were presented in connection with the above referenced application.
- b) A copy of all print sales materials presented in connection with the above referenced application were left with the applicant at the time the application was completed.
- c) A copy of any electronically presented materials presented in connection with the above referenced application have been or will be provided to the certificate holder in printed form no later than at the time of the certificate delivery.
- d) A financial need analysis was/was not (circle one) completed based on the information provided by the applicant as reflected on the copy enclosed with the application.

Independent Producer Signature

Date (mmm/dd/yyyy)

<sup>1</sup> Sales Material includes, but is not limited to, a sales illustration and any other written, printed (for example, brochures) or electronically presented information created, completed or provided by Foresters or Independent Producer that is used in the presentation to the applicant which describes the benefits, features and costs of the specific product applied for.

**APPENDIX A**

**IMPORTANT NOTICE:  
 REPLACEMENT OF LIFE INSURANCE OR ANNUITIES**

**(This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.)**

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases, this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?  YES  NO
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?  YES  NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

INSURER NAME	CONTRACT OR POLICY #	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
1.			
2.			
3.			

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. (If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer.) Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

3. The existing policy or contract is being replaced because \_\_\_\_\_

I certify that the responses herein are, to the best of my knowledge, accurate:

\_\_\_\_\_  
 Applicant's Signature and Printed Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Producer's Signature and Printed Name

\_\_\_\_\_  
 Date

**I do not want this notice read aloud to me.** \_\_\_\_\_ (Applicants must initial only if they do not want the notice read aloud.)

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A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

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1.			
2.			
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\_\_\_\_\_.

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\_\_\_\_\_  
Applicant's Signature and Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer's Signature and Printed Name

\_\_\_\_\_  
Date

**I do not want this notice read aloud to me.** \_\_\_\_\_ (Applicants must initial only if they do not want the notice read aloud.)

## IMPORTANT NOTICE:

To be read aloud to the applicant unless he or she has initialed the preceding page indicating he or she does not want this notice read aloud.

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

### PREMIUMS:

Are they affordable?

Could they change?

You're older -- are premiums higher for the proposed new policy?

How long will you have to pay premiums on the new policy? On the old policy?

### POLICY VALUES:

New policies usually take longer to build cash values and to pay dividends.

Acquisition costs for the old policy may have been paid, you will incur costs for the new one.

What surrender charges do the policies have?

What expense and sales charges will you pay on the new policy?

Does the new policy provide more insurance coverage?

### INSURABILITY:

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.

You may need a medical exam for a new policy.

Claims on most new policies for up to the first two years can be denied based on inaccurate statements.

Suicide limitations may begin anew on the new coverage.

### IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

How are premiums for both policies being paid?

How will the premiums on your existing policy be affected?

Will a loan be deducted from death benefits?

What values from the old policy are being used to pay premiums?

### IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

Will you pay surrender charges on your old contract?

What are the interest rate guarantees for the new contract?

Have you compared the contract charges or other policy expenses?

### OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

What are the tax consequences of buying the new policy?

Is this a tax-free exchange? (See your tax advisor.)

Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?

Will the existing insurer be willing to modify the old policy?

How does the quality and financial stability of the new company compare with your existing company?

## IMPORTANT NOTICE:

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Is this a tax-free exchange? (See your tax advisor.)

Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?

Will the existing insurer be willing to modify the old policy?

How does the quality and financial stability of the new company compare with your existing company?

## Notice and consent for HIV-related testing

To evaluate your insurability, the Insurer named above (the Insurer) has requested that you provide a sample of your blood, oral fluid extracted from cheek and gum tissue, or urine for testing and analysis to determine the presence of human immunodeficiency virus (HIV) antibodies. By signing and dating this form you agree that this test may be done and that underwriting decisions will be based on the test result. A series of three tests will be performed by a licensed laboratory through a medically accepted procedure.

### Pre-testing considerations

Many public health organizations have recommended that before taking an HIV-related test a person seek counseling to become informed concerning the implications of such a test. You may wish to consider counseling, at your expense, prior to being tested.

### Meaning of positive test result

The test is not a test for AIDS. It is a test for antibodies to the HIV virus, the causative agent for AIDS, and shows whether you have been exposed to the virus. A positive test result does not mean that you have AIDS but that you are at significantly increased risk of developing problems with your immune system. The test for HIV antibodies is very sensitive. Errors are rare, but they do occur. Your private physician, a public health clinic, or an AIDS information organization in your city might provide you with further information on the medical implications of a positive test.

Positive HIV antibody test results will adversely affect your application for insurance. This means that your application may be declined, that an increased premium may be charged, or that other policy changes may be necessary.

### Confidentiality of test results

All test results are required to be treated confidentially. They will be reported by the laboratory to the Insurer. The test results may be disclosed as required by law or may be disclosed to employees of the Insurer who have the responsibility to make underwriting decisions on behalf of the Insurer or to outside legal counsel who needs such information to effectively represent the Insurer in regards to your application. The results may be disclosed to a reinsurer, if the reinsurer is involved in the underwriting process. The test may be released to an insurance medical information exchange under procedures that are designed to assure confidentiality, including the use of general codes that also cover results of tests for other diseases or conditions not related to AIDS, or for the preparation of statistical reports that do not disclose the identity of any particular person.

### Notification of test result

If your test results are negative, no routine notification will be sent to you. If your test results are reported by the laboratory to the Insurer as being positive, you will receive written notification of such results from a physician you have designated or, in the absence of such designation, from the Texas Department of Health. Because a trained person should deliver that information so that you can understand clearly what the test result means, please list your private physician so that the Insurer can have him or her tell you the test result and explain its meaning.

Name of physician for reporting a possible positive test result:

Physician's Name

Address:

In the event the test is positive and you are denied coverage because of that fact and you request the reason for the denial, the Insurer may require you to name a physician at that time in order to receive the information.

If the test indicates a positive result, but you do not designate a private physician, the test results will be provided to you by a representative of the Texas Department of Health.

### Consent

I have read and I understand this Notice and Consent for HIV-Related Testing. I voluntarily consent to the collection of a sample of blood, oral fluid extracted from cheek and gum tissue, or urine from me, the testing of that sample, and the disclosure of the test results as described above. I have read the information on this form about what a test result means.

I understand that I have the right to request and receive a copy of this authorization. A photocopy of this form will be as valid as the original.

Signature of Proposed Insured or Parent/Guardian

Date Signed

Name of Proposed Insured (please print)

Address



# The Independent Order of Foresters ("Foresters")

## A Fraternal Benefit Society.

789 Don Mills Road, Toronto, ON, Canada M3C 1T9

F. 877 329 4631

U.S. Mailing Address: P.O. Box 179 Buffalo, NY 14201-0179 T. 800 828 1540 foresters.com



### 1035 Exchange/Absolute Assignment Form ("Form")

#### For Use with New Life Insurance Contracts Only

In order to qualify as an exchange under section 1035 of the Internal Revenue Code, the insured and owner of the new contract must be the same as the insured and owner of each existing contract. Complete a separate Form for each existing company whose life insurance contract(s) are being exchanged.

Insured's Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Social Security Number: \_\_\_\_\_

Existing Company: Name: \_\_\_\_\_

Address: \_\_\_\_\_

(Street Address, City, State & Zip Code)

Existing Contract(s) (Each life insurance contract listed below is designated for exchange):

Contract Number	Attached or Lost/Destroyed	Contract Number	Attached or Lost/Destroyed
	<input type="radio"/> Attached <input type="radio"/> Lost/Destroyed		<input type="radio"/> Attached <input type="radio"/> Lost/Destroyed
	<input type="radio"/> Attached <input type="radio"/> Lost/Destroyed		<input type="radio"/> Attached <input type="radio"/> Lost/Destroyed

**Definitions:** "Foresters", "we", "our", and "us" mean The Independent Order of Foresters. "I", "me" or "my" mean individually the owner and each person, if any, signing this Form as the spouse of the owner or as an irrevocable beneficiary. "New Contract" means the Foresters life insurance contract to which funds, if any, resulting from the exchange(s) requested in this Form are to be applied. "Existing Contract" means each life insurance contract designated in this Form for exchange.

For purposes of an exchange under Section 1035 of the Internal Revenue Code, I, as evidenced by my signature in this Form, declare, understand and agree that:

1. Effective the date, shown on this Form, that a Foresters authorized representative signs this Form, I, for value received, revoke all prior beneficiary designations and designate Foresters as sole beneficiary of each Existing Contract, and then assign and transfer, without limitation, to Foresters all right, title and interest in each Existing Contract, including its value payable upon surrender. Foresters is authorized to forward this Form to the Existing Insurer and request the surrender of the Existing Contract(s).
2. If the application for the New Contract is cancelled, declined, withdrawn or postponed or the New Contract is issued by us but not accepted by the Owner, (a) before we forward this Form to the Existing Company, then we will release this assignment or (b), after we forward this Form to the Existing Company, then we will, unless previously directed otherwise by the Owner, return the transferred funds received by us, if any, to the Owner and our liability and obligation under this assignment will end. There may not be a right to reinstate an Existing Contract after we have forwarded this Form to the Existing Company.
3. Coverage under the New Contract, if issued, will be effective only as described in, and subject to the terms of, the New Contract. If, as shown in Foresters records, I have not provided the first premium payment for the New Contract, separate from this exchange, the New Contract may not be issued until after the transferred funds have been received by Foresters. Coverage, if any, under a Temporary Insurance Agreement or Conditional Receipt provided by Foresters, if any, is subject to the terms of that agreement or receipt, and will not be affected by this assignment.
4. Each Existing Contract is in effect and no Existing Contract is subject to a prior assignment, bankruptcy or collection proceeding, federal or state levy or other legal action.
5. The Owner is responsible for and agrees to pay the premium(s) required, if any, to keep each Existing Contract in effect, according to the terms of that Existing Contract, until the transfer is completed. Failure to pay the premium(s) required for an Existing Contract may result in a loan, lower cash surrender value and/or a lapse, reduction or termination in coverage, under that Existing Contract.
6. An outstanding loan, if any, on an Existing Contract will not be transferred to the New Contract and a taxable gain, if any, that results from such loan(s) may be reported to the Internal Revenue Service by the Existing Company.
7. Foresters (a) is furnishing this Form and is participating in this transaction at my specific request and as an accommodation to me, (b) makes no representations concerning my tax treatment under Section 1035 of Internal Revenue Code or otherwise, and (c) has no responsibility or liability for the validity of the assignment(s) or transfer(s) made under this Form or my tax treatment under Section 1035 of the Internal Revenue Code or otherwise.

Owner's Signature: X \_\_\_\_\_ Date (mmm/dd/yyyy): \_\_\_\_\_

Owner's Spouse: *(If an Existing Contract was issued in a community property state then the owner's spouse must also sign this Form.)*

Name (print full name): \_\_\_\_\_

Signature: X \_\_\_\_\_ Date (mmm/dd/yyyy): \_\_\_\_\_

Irrevocable Beneficiary(ies): *(If an Existing Contract has a beneficiary designated as irrevocable then each irrevocable beneficiary must also sign this Form.)*

Name (print full name): \_\_\_\_\_

Signature: X \_\_\_\_\_ Date (mmm/dd/yyyy): \_\_\_\_\_

Name (print full name): \_\_\_\_\_

Signature: X \_\_\_\_\_ Date (mmm/dd/yyyy): \_\_\_\_\_

Name (print full name): \_\_\_\_\_

Signature: X \_\_\_\_\_ Date (mmm/dd/yyyy): \_\_\_\_\_

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Acceptance of 1035 Exchange/Transfer *(to be completed by Foresters):*

Foresters hereby accepts this assignment and subsequent transfer of funds under the terms described in this Form.

Authorized Signature: X \_\_\_\_\_ Date (mmm/dd/yyyy): \_\_\_\_\_

Title: \_\_\_\_\_ New Contract Certificate Number: \_\_\_\_\_